

FILED JUL 14 1942
Registration District No. 88

Primary Registration District No. 5406

35
00
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Summit Road

(c) Name of hospital or institution: Independence
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State 779 (b) County Dunklin

(c) City or town Summit Road 35
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? City in (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ROY LEONA TURNBO

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1942 hour 12 minute a M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 18 years (Day) (Year)

7. Birth date of deceased 7th 1924
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from unattended by a physician
that I last saw him 0 alive on 19
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1 5 hr. min.

Immediate cause of death Congenital Valvular Heart Disease

Due to

Due to

9. Birthplace Dunklin Co Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 15 yr

Major findings: Of operations

Of autopsy

10. Usual occupation in

11. Industry or business

12. Name Mrs Turnbo

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Birtha Turnbo

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant J. B. Cunningham

(b) Address Summit, Mo

17. (a) Burial (b) Date thereof 3-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennett Mo

18. (a) Signature of funeral director The Family

(b) Address Kennett Mo

19. (a) 3-30-42 (b) Julia Blank
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature George W. Nelson 3-24-42
Address Coronet 9 Dunklin Co (M. D. or other) Date signed

155
207
RECEIVED

District Health Office No. 2,

District File Number 742-842

Date Filed JUL 13 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.